PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance herwise in Block 1, by	orders and notification (a) specifying a new of	of m	aintenance fees woondence address;	ill be and/or	mailed to the current (b) indicating a separate	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
								(Depositor's name)	
					(Signature)				
				L				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/810,605	10/810,605 03/29/2004			Qi He hong			01263.020284. 9702		
TITLE OF INVENTION				. [
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1400	\$300		\$0		\$1700	10/26/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	s					
NGUYEN	,	2628	345-582000						
1. Change of corresponde CFR 1.363). ☐ Change of corresp Address form PTO/SF ☐ "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 FITZPATRICK, CELLA, HARPER & SCINTO 2 3								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11 Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
CANON EURO	Amstelveen, The Netherlands								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) a X Issue Fee X Publication Fee (N Advance Order - #	 ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form). 								
a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no	o longe	er claiming SMAL	L ENT	ITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and nterest as shown by the r	d Publication Fee (if requeecords of the United State	nired) will not be acceptes Patent and Tradepta	ted from anyone other the	han the	applicant; a regis	tered a	ttorney or agent; or th	e assignee or other party in	
Authorized Signature	Just 1)	Mulas				, , , , , , , , , , , , , , , , , , , ,	ober 23, 200		
Typed or printed name Scott D. Malpede					Registration No32,533				
This collection of information application. Confident submitting the completed his form and/or suggestions 1450, Alexandria, V	ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DO	FR 1.311. The informa U.S.C. 122 and 37 CF USPTO. Time will va den, should be sent to NOT SEND FEES OF	tion is required to obtain R 1.14. This collection in the type depending upon the the Chief Information CR COMPLETED FORM	or ret is estin individ officer, IS TO	ain a benefit by the nated to take 12 m lual case. Any cor U.S. Patent and T THIS ADDRESS.	e publi inutes nments radem SEND	c which is to file (and to complete, including on the amount of tin ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rument of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.